

RETURN OF SERVICE

07 CIV 6930

Service of the Summons and Complaint was made by me:

Date AUGUST 15 2007Name of Server John STEVENSTitle INVESTIGATOR

Check one box below to indicate appropriate method of service

☐ Served personally upon the defendant. Place where served:☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.
Name of person with whom the summons and complaint were left:☐ Returned unexecuted:☒ Other (specify):SAMANTHA RANLINS MD CB Bronx Lebanon Hospital Center Risk Management
ANNIE CARLINA - 1650 GRAND CONVENT RD NY 10456
COPY ALSO MAILED TO ABOVE ADDRESS

STATEMENT OF SERVICE FEES

\$5

TRAVEL

\$30

SERVICES

\$35

TOTAL

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on AUGUST 15 2007AUGUST 15 2007

Date

Signature of Server

John STEVENS

Printed Name of Server

61 AUGUST ST NHP NY 1040

Address of Server

¹As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

U.S. POSTAL SERVICE		CERTIFICATE OF MAILING	
MAY BE USED FOR DOMESTIC AND INTERNATIONAL MAIL, DOES NOT PROVIDE FOR INSURANCE-POSTMASTER			
Received From:		JENNIFER PORT ASSOCIATES	
61 Nugent Street		New Hyde Park, N.Y. 11040	
One piece of ordinary mail addressed to:			
JENNIFER PORT ASSOCIATES			
C/O BANK LEHMAN HOSKY			
1450 AVENUE OF THE AMERICANS			
LX NY 10456			

U.S. POSTAGE PAID NEW HYDE PARK, NY 11040 AUG 16 2007

UNITED STATES POSTAL SERVICE

NEW HYDE PARK, NY 11040

AUG 16 2007

USPS

\$1.05

00047214-15

AMOUNT AUG 16 07

PS Form 3817, January 2001

RETURN OF SERVICE

07 CIV 6930

Service of the Summons and Complaint was made by me:

Date AUGUST 15 2007John STEVENS

Name of Server

INVESTIGATOR

Title

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☐ Served personally upon the defendant. Place where served:☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were left:☐ Returned unexecuted:☒ Other (specify):MISHRA ARUNA MD c/o Bronx Lebanon Hospital Center; Risk Management, ANNIE GARCIA - 1650 GRAND CENTRAL ST. NY, 10456
COPY ALSO MAILED TO ABOVE ADDRESS

STATEMENT OF SERVICE FEES

\$5
TRAVEL\$30
SERVICES\$35
TOTAL

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on AUGUST 15 2007AUGUST 15 2007

Date

Signature of Server

Printed Name of Server

61 AUGUST ST NHP NY 11040

Address of Server

¹As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

U.S. POSTAL SERVICE	CERTIFICATE OF MAILING
MAY BE USED FOR DOMESTIC AND INTERNATIONAL MAIL, DOES NOT PROVIDE FOR INSURANCE-POSTMASTER	
Received From:	
NEW YORK ASSOCIATION 61 NUGENT STREET NEW HYDE PARK, N.Y. 10461	
One piece of ordinary mail addressed to:	
MURRAY KALININ MURRAY 610 BROADWAY LEHMAN HX 1050 GRAND CENTRAL ST BX NY 10456	

PS Form 3817, January 2001

0000

UNITED STATES POSTAL SERVICE

U.S. POSTAGE PAID NEW HYDE PARK, NY 10461 AUG 16 07 11040

0004724-15

NEW HYDE PARK, NY 10461

AUG 16 2007

U.S. POSTAGE

RETURN OF SERVICE

Service of the Summons and Complaint was made by me¹

07 CIV 6930

Date August 15 2007John Stevens

Name of Server

Investigator

Title

Check one box below to indicate appropriate method of service

☒ Served personally upon the defendant. Place where served:Bronx Lebanon Hospital Center - 1650 Grand Concourse, Bx., NY 10456☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were left:☐ Returned unexecuted:☐ Other (specify):RISK MANAGEMENT; ANNIE GARCIA

STATEMENT OF SERVICE FEES

\$10
TRAVEL\$40
SERVICES\$50
TOTAL

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on August 15 2007August 15 2007

Date

Signature of Server

Printed Name of Server

John Stevens

Address of Server

ALLISON TUCH
Notary Public, State of New York
No. 30-4682413
Qualified in Nassau County
Commission Expires April 30, 2012

¹As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

RETURN OF SERVICE

ON CIV 6930

Service of the Summons and Complaint was made by me:

Date AUGUST 15 2007Name of Server John STEVENSInvestigator
Title

Check one box below to indicate appropriate method of service

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Name of person with whom the summons and complaint were left:

☐ Returned unexecuted:☒ Other (specify):TAPTI PANDA c/o Bronx Lebanon Hospital Center; Risk Management, Annie PALLIA
1050 GRAND CONDOURSE ST NY 10456
COPY ALSO MAILED TO ABOVE ADDRESS

STATEMENT OF SERVICE FEES

\$15
TRAVEL\$30
SERVICES\$35
TOTAL

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on AUGUST 15 2007AUGUST 15 2007
Date

Signature of Server

Printed Name of Server

61 AUGUST ST NHP NY 11040
Address of Server

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U.S. POSTAL SERVICE
CERTIFICATE OF MAILING
MAY BE USED FOR DOMESTIC AND INTERNATIONAL MAIL, DOES NOT
PROVIDE FOR INSURANCE-POSTMASTER

Received From: MADEIRA POST ASSOCIATES
61 Nugent Street
New Hyde Park, N.Y. 11040

One piece of ordinary mail addressed to:
MARTIN SANDRA MD
1700 Egan Lebanon Road
1050 Grand Concourse
138 NY 10456

PS Form 3817, January 2001

U.S. POSTAGE
PAID
NEW HYDE PARK, NY
11040
AUG 16 2007
AMOUNT
04214-15

UNITED STATES
POSTAL SERVICE
0000

NEW HYDE PARK NY 11040
AUG 16 2007